

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001942

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 170

FILED JAN 28 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
41 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3524 WabashInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3524 WabashReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Alice

Middle Christine

Last Williams

4. DATE OF DEATH

Month 1

Day 7

Year 63

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never-Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-11-1876

9. AGE (last birthday)

86 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or country)
Cameron, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Bell

13b. MOTHER'S MAIDEN NAME

Lena Thomas

14. NAME OF HUSBAND OR WIFE

George Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Barbara B. Davis 4132 Washington, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 62 to 1-7-63 and last saw him alive on 1-7-63
Death occurred at 3524 Wabash on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Wells Degree or title M.D.

22b. ADDRESS

2122 E-15th Kansas City, Mo.

22c. DATE SIGNED

1-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-12-1963

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Mrs. C.E. Davis Funeral Home, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

1-10-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. L. Wells

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louise V. Jackson

Licensed Embalmer No. 4380

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.